

17724

FILED JUN 20 1955

BIRTH NO.		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006 Registrar's No. 156	
1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Columbia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 516 Hollis St.			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HARRISON c. (Last) FITE			4. DATE OF DEATH June 17, 1955 (Month) (Day) (Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer		8. DATE OF BIRTH Dec. 31, 1895	
11. BIRTHPLACE (City and State or Foreign Country) Saline County, Missouri		9. AGE (in years last birthday) 59		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Henry Fite		13b. MOTHER'S MAIDEN NAME Eva Rule		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 9		17. INFORMANT'S SIGNATURE OR NAME William Henry Fite, Columbia, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the liver  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NO WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from Nov 2, 1954, to June 17, 1955, that I last saw the deceased alive on May 28, 1955, and that death occurred at 4 A.M., from the causes and on the date stated above.					
23a. SIGNATURE L. R. Miller		(Degree or title) M.D.		23b. ADDRESS 224 8th	
23c. DATE SIGNED 17 June 55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-19-1955	
24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery		24d. LOCATION (City, town, or county) (State) Columbia, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Parson Funeral Service, Columbia, Mo.	
DATE REC'D BY LOCAL REG. June 17 1955		REGISTRAR'S SIGNATURE Miss R. E. Palmer		31	

(Licensed Embalmer's Statement on Reverse Side)

**WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD**

VS SEP 28 1959

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Joel Phillips*

Licensed Embalmer No..... 40

P. O. Address..... Columbus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.